

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/465046	FILING DATE
							APPLICANT(S)	
521-04 CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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12				1				
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TOTAL IND.	10		10					
TOTAL DEP.	10		24					
TOTAL CLAIMS	20		34					
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	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.							3	
TOTAL DEP.							25	
TOTAL CLAIMS							28	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS